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Cognitive distortions on sexual abuse of children and empathy: an exploratory approach of a normative sample

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Introduction: This paper intends to present the relationship between the cognitive distortions on sexual abuse of minors and the perspective of Marshall and Barbaree [1] that emphasize the possibility that the low levels of empathy can disinhibit deviant sexual behavior, justifying this fact with the incapacity of these subjects Recognize or feel compassion for the suffering of their victims, that is, empathy.

Materials and methods: This study consisted of $N = 1193$ individuals, 45.3% male and 54.6% female. The ages ranged from 18 to 74 years ($M = 27.25$, $sd = 9.62$). The following instruments were used: Abel & Becker Cognition Scale (EC; Abel, Becker, & Cunningham-Rathner, 1984; translated by Baúto & Cardoso, 2011) Self-report scale assessing the existence of cognitive distortions on child sexual abuse; Empathy Quotient-Short Version (EQ-SV; Muncer & Ling, 2006; translated by Baúto & Cardoso, 2011) self-report instrument that aims at assess the levels of empathy (how the individual perceives the emotions and feelings of others, their social competences, and their reaction and impact caused by perceiving damage in the other).

Results: When analyzing the association between subscales of the Abel & Becker Cognition Scale (EC) and the Empirical Quotient (EQ), we found statistically significant correlations between different subscales. Regarding the “Social Competences”, it has correlations with the subscales of “Benefit in Sexual Practices between Adults and Children” ($r = -.16$, $p = .000$), “Decision Ability and Child Initiative in Sexual Practices” ($r = -.19$, $p = .000$), “Positive Perception of Sexual Practices with Children” ($r = -.13$, $p = .000$), “Child as Sexual Being” = .000) and “Banalization of Sexual Contacts” ($r = -.20$, $p = .000$). At the same level of analysis, we verified that the subscale “Emotional Reactivity” correlates with the same subscales of the Cognition Scale (EC), “benefit in sexual practices between adults and children” ($r = -.19$, $p = .000$), “Decision Ability and Child’s Initiative in Sexual Practices” ($r = -.15$, $p = .000$), “Positive Perception of Sexual Practices with Children” ($r = -.16$, $p = .000$) Child as Sexual Being “($r = -.15$, $p = .000$) and” Banalization of Sexual Contacts “($r = -.14$, $p = .000$).

Discussion and conclusions: We conclude that the more present the cognitive distortions on child sexual abuse, the less social skills and the ability to react to the suffering of others. This result may be related to the fact that the literature recognizes the possibility of empirical deficits, only as a way of maintaining the act or preserving the subject’s self-image. Given the sample in question, these results suggest that empathy deficits may arise only in post-passage [2]. Since this is a normative sample, these results reinforce the need to analyze these variables in forensic populations.

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Effects of sleep difficulties on global quality of life

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Introduction: The relationship between sleep difficulties and quality of life (QoL) is multifaceted and extensive, and in the literature several studies have shown a negative association between sleep difficulties and QoL, i.e. there is a lower QoL in individuals with sleep disturbances (e.g. insomnia), with greater commitment of the daily activities and greater

loss of productivity at work. Also, health-related quality of life is almost always affected in individuals with sleep disturbance, namely excessive daytime sleep or difficulties in initiating or maintaining sleep. Besides the scientific evidence, some studies found no significant differences between the groups of participants with and without sleep difficulties, regarding the mental and physical component of QoL. The main objective of the current cross-sectional study was to assess the effects of sleep problems on quality of life of Portuguese normative population.

Materials and methods: The non-probability convenience sample included a total of 1119 adults from general Portuguese population. Participants were excluded if they did not answer affirmatively to one of the three DSM-V [1] criteria to clinically diagnose insomnia. Moreover, we assess these symptoms "during the last month" and consequently, the criteria C and criteria D ("The sleep difficulty is present for at least 3 months") were not considered. Thus, sleep disturbances and not insomnia are evaluated. Final sample was composed by 987 participants that completed a self-administered questionnaire with socio-demographic and sleep-related items. QoL was assessed with WHOQOL-Bref [2–4].

Results: Sleep Difficulties Index (SDI) has a significant and negative association with all QoL domains, being Physical Health the domain with the strongest correlation ($r = -.402, p < .001$). Index of Subjective Day Well-Being has a significant positive correlation with Physical Health ($r = .111, p < .001$) and Psychological ($r = .150, p < .001$) domain of QoL. Also, some items about sleep satisfaction are significantly correlated with QoL domains: the quality and depth of sleep and the appropriate number of sleep hours are positively associated with all domains of QoL, with exception of the Psychological domain that is not significantly associated with sleep depth. Physical domain has the strongest association with each variable, namely: sleep quality ($r = .379, p < .001$); sleep depth ($r = .396, p < .001$) and appropriate number of sleep hours ($r = .147, p < .001$). Contrariwise, the number of hours needed to feel good is not significantly correlated with QoL.

Discussion and conclusions: Perceived sleep difficulties are inversely related to QoL, i.e. greater sleep difficulties are associated with lower QoL in the psychological, physical, social relations and environmental factors domains. The physical domain is the one that is most affected by sleep satisfaction, reinforcing the importance of a satisfying sleep for a daily physical well-being.

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Sleep quality in the general Portuguese population

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Introduction: Epidemiological data from Portugal found that 10.1% of the sample obtained reported global sleep dissatisfaction and 28% showed one or more symptoms of insomnia at least 3 nights per week [1]. Sleep difficulties have a significant impact on individual functioning and quality of life (QoL), resulting in decreased ability to perform daily and professional activities [2]. In order to extend the study of sleep difficulties in Portuguese population, the main objective of the current study is to characterize sleep patterns and sleep difficulties and to identify possible psychosocial variables that may influence them.

Materials and methods: The sample is composed by 1119 Portuguese adults. The current study has an observational, descriptive and cross-sectional design. As part of a convenience sample, all participants signed informed consent and completed the questionnaire, which includes questions regarding socio-demographic features, sleep patterns, sleep difficulties, global functioning and sleep satisfaction.

Results: The majority of the participants are female ($n = 685, 61.2\%$), with ages between 18 and 25 years old ($n = 260, 23.4\%$), married or partnered ($n = 569, 51.7\%$) and high school graduates ($n = 466, 42.1\%$). The sleep-related questionnaire presented the following results: (a) sleep patterns: The majority of the participants usually have 6–8 h of sleep during the week ($n = 698, 62.9\%$) and they take only 1–15 min to fall asleep ($n = 490, 44\%$). The majority of participants reported that they wake up during the night ($n = 791, 70.7\%$) and before the time they needed ($n = 741, 66.2\%$); (b) sleep difficulties: 314 (28.2%) participants reported sleep disturbances, and from this group, 171 (46.8%) are reasonably concerned with the sleep disorder; (c) global functioning: most of participants, never or rarely perceived difficulties in staying awake while studying or working ($n = 668, 60.5\%$) and frequently have energy to perform activities ($n = 519, 47.1\%$); (d) sleep